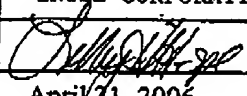


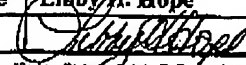
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/712,854
		Filing Date	November 12, 2003
		First Named Inventor	Thomas Stachura
		Art Unit	2155
		Examiner Name	Nguyen, Thu Ha T.
Total Number of Pages in This Submission	20	Attorney Docket Number	42P7040C

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Certificate of Facsimile; and RCE Transmittal</div>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Libby H. Hope, Reg. No. 46,774 INTEL CORPORATION
Signature	
Date	April 21, 2006

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I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Libby H. Hope		
Signature		Date	April 21, 2006

Based on PTO/SB/21 (09-04) as modified by Blakey, Bolokoff, Taylor & Zeitman (vtr) 11/30/2005.
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FEE TRANSMITTAL for FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. TOTAL AMOUNT OF PAYMENT (\$) 1,160.00		Application Number	10/712,854
		Filing Date	November 12, 2003
		First Named Inventor	Thomas Stachura
		Examiner Name	Nguyen, Thu Ha T.
		Art Unit	2155
		Attorney Docket No.	42P7040C

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: INTEL CORPORATION	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																																					
1. EXTRA CLAIM FEES																																																																																																																																					
Total Claims: 42 Independent Claims: 6 Multiple Dependent: 36	<table border="1"> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <td>5</td> <td>50.00</td> <td>\$250.00</td> </tr> <tr> <td>0</td> <td>200.00</td> <td>\$0.00</td> </tr> </table>	Extra Claims	Fee from below	Fee Paid	5	50.00	\$250.00	0	200.00	\$0.00																																																																																																																											
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SUBMITTED BY		Complete if applicable	
Name (Print/Type)	Libby H. Hope	Registration No. (Attorney/Agent)	46,774
Signature		Telephone	(949) 498-0601
		Date	04/21/06

Based on PTO/SB/17 (12-04) as modified by Etkind, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
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